

# TRANSMITTAL FORM

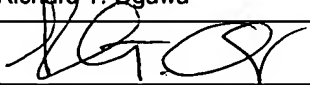
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/773,727
		Filing Date	February 6, 2004
		First Named Inventor	Ning, Xian Jie
		Art Unit	Unassigned
		Examiner Name	Unassigned
Total Number of Pages in This Submission	6	Attorney Docket Number	021653-001500US

**ENCLOSURES (Check all that apply)**

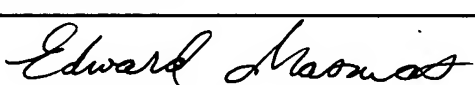
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (2 pgs) w/attached PTO/SB/08A (1 pg), and PTO/SB/08B (1 pg) (citing refs 1-2) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Return Postcard; and 2. A copy of each of <u>1</u> references.
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
* Note: References not included in the total number of pages above.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Townsend and Townsend and Crew LLP		
	Richard T. Ogawa	Reg. No. 37,692	
Signature			
Date	4/16/04		

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	EDWARD MASINAS		
Signature		Date	4-23-04

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT  
Attorney Docket No.: 021653-001500US  
Client Reference No.: I-02-084

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On 4-25-04



TOWNSEND and TOWNSEND and CREW LLP

By: Edward Masinas  
Edward Masinas

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Xian Jie Ning

Application No.: 10/773,727

Filed: February 6, 2004

For: METHOD AND STRUCTURE OF  
MANUFACTURING HIGH  
CAPACITANCE METAL ON  
INSULATOR CAPACITORS IN  
COPPER

Examiner: Unassigned

Art Unit: Unassigned

INFORMATION DISCLOSURE  
STATEMENT UNDER 37 CFR §1.97 and  
§1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

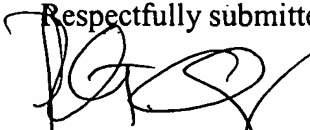
The reference cited on attached form PTO/SB/08B is being called to the attention of the Examiner. A copy of the reference is enclosed. It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and the reference be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Richard T. Ogawa  
Reg. No. 37,692

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, California 94111-3834  
Tel: 650-326-2400  
Fax: 650-326-2422  
RTO:rms  
60194422 v1



<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)		<b>Complete if Known</b>			
		Application Number	10/773,727		
		Filing Date	February 6, 2004		
		First Named Inventor	Ning, Xian Jie		
		Art Unit	Unassigned		
		Examiner Name	Unassigned		
Sheet	1	of	1	Attorney Docket Number	021653-001500US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	1	LIU et al., Single-Mask Metal-Insulator-Metal (MIM) Capacitor with Copper Damascene Metallization for Sub-0.18um Mixed Mode Signal and System-On-a-Chip (SoC) Applications, Proc. 2000, 2000, IITC, pp. 111-113.	

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.